



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

PBS Anesthesia

**Respondent Name**

Texas Mutual Insurance

**MFDR Tracking Number**

M4-17-0147-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

September 19, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** No position statement submitted.

**Amount in Dispute:** \$250.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "The requestor billed codes G0479 and 82570. ...Code 82570 is a validity test performed on the same specimen being tested with Code G079 [sic]. Validity testing is an internal quality process to affirm the reported results are accurate and valid, and is not a separately billable Medicare service. No payment is due for code 82570."

**Response Submitted by:** Texas Mutual

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 5, 2016	G0479, 82570	\$250.00	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - A04 – Denied in accordance with 134.600(p)(12) treatment/service in excess of DWC treatment guidelines (ODG) per disability management rules

- P12 – Workers’ compensation jurisdictional fee schedule adjustment
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- 197 – Precertification/authorization/notification absent
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- 217 – The value of this procedure is included in the value of another procedure performed on this date
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information
- 350 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a request for reconsideration or appeal
- 891 – No additional payment after reconsideration
- 920 – Reimbursement is being allowed based upon a dispute

### **Issues**

1. Is the carriers’ denial and reduction in payment supported?
2. Is the requestor entitled to additional reimbursement?

### **Findings**

1. The requestor is seeking additional reimbursement for services performed on May 5, 2016 in the amount of \$250.00. The services in dispute are related to urinary drug screens.

The insurance carrier denied code 82570 – “Creatinine; clearance” with claim adjustment reason codes 97 – “The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated” and 217 – “The value of this procedure is included in the value of another procedure performed on this date.”

The Texas Workers’ Compensation Rule that applies to urinary drug screens is found in 28 Texas Administrative Code §134.203(b) which states:

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers;

Review of the Medicare payment policy found at [www.cms.gov](http://www.cms.gov), specifically the National Correct Coding Edits (CCI) finds the following at CHAPTER X, PATHOLOGY / LABORATORY SERVICES, CPT CODES 80000 – 89999, FOR NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES

#### *E. Drug Testing*

*Providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.*

Based on the above the carrier’s denial is supported. No additional payment is recommended.

2. The reimbursement guideline for urinary drug screens is found at 28 TAC §134.203(e) which states:

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and

- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.”

CMS payment policy files identify those clinical laboratory codes which contain a professional component, and those which are considered technical only.

The codes in dispute are not identified by CMS as having a possible professional component, for that reason, the MAR is determined solely pursuant to 28 TAC §134.203(e)(1).

The maximum allowable reimbursement(MAR) for the services in dispute is 125% of the fee listed for the codes in the 2016 Clinical Diagnostic Laboratory Fee Schedule found on the Centers for Medicare and Medicaid Services website at <http://www.cms.gov>.

The total MAR is calculated as follows:

Date of Service	Submitted Code	Submitted Charge	Units	Allowable	MAR
May 5, 2016	G0479	\$225.00	1	\$60.60	\$60.60 x 125% = \$75.75

The carrier states in their position statement, “Texas Mutual has elected to pay code G0479 but not 82570.” Evidence of this payment was found in an explanation of benefits with the date of audit “October 20, 2016” in which the carrier made a payment of \$127.15.

The total maximum allowable reimbursement for the services in dispute is \$75.75. The carrier paid \$125.77. No additional payment is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### **Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
October 26, 2016  
Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**